

FILED

JAN 31 2008
RICHARD W. WALKING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

E-filing

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

10 MR. Robert L. Taylor

11 SALINAS Valley STATE Plaintiff,
12 PRISON P.O. Box 1050 Soledad, CA 939
vs.

13 Warden EVANS,

14 SALINAS Valley STATE Defendant
15 PRISON P.O. Box 1050 Soledad, CA
16 93960

CV 08 0759

CASE NO. 08 0759
PRISONER'S
APPLICATION TO PROCEED
IN FORMA PAUPERIS

MHP

(PR)

17 I, Robert L. Taylor, declare, under penalty of perjury that I am the
18 plaintiff in the above entitled case and that the information I offer throughout this application
19 is true and correct. I offer this application in support of my request to proceed without being
20 required to prepay the full amount of fees, costs or give security. I state that because of my
poverty I am unable to pay the costs of this action or give security, and that I believe that I am
21 entitled to relief.

22 In support of this application, I provide the following information:

23 1. Are you presently employed? Yes No X

24 If your answer is "yes," state both your gross and net salary or wages per month, and give the
25 name and address of your employer:

26 Gross: _____ Net: _____

27 Employer: _____

28 _____

1 If the answer is "no," state the date of last employment and the amount of the gross and net
 2 salary and wages per month which you received. (If you are imprisoned, specify the last
 3 place of employment prior to imprisonment.)

4 No Job in decades for me.

5
 6
 7 2. Have you received, within the past twelve (12) months, any money from any of the
 8 following sources:

- 9 a. Business, Profession or Yes No
 10 self employment
- 11 b. Income from stocks, bonds, Yes No
 12 or royalties?
- 13 c. Rent payments? Yes No
 14 d. Pensions, annuities, or Yes No
 15 life insurance payments?
- 16 e. Federal or State welfare payments, Yes No
 17 Social Security or other govern-
 18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount
 20 received from each.

21
 22

23 3. Are you married? Yes No

24 Spouse's Full Name: N/A

25 Spouse's Place of Employment: N/A

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ N/A Net \$ N/A

28 4. a. List amount you contribute to your spouse's support: \$ N/A

1 b. List the persons other than your spouse who are dependent upon you for
 2 support and indicate how much you contribute toward their support. (NOTE:
 3 For minor children, list only their initials and ages. DO NOT INCLUDE
 4 THEIR NAMES.).

5 _____
 6 _____
 7 *N/A*

8 5. Do you own or are you buying a home? Yes No X

9 Estimated Market Value: \$ _____ Amount of Mortgage: \$ _____

10 6. Do you own an automobile? Yes No X

11 Make _____ Year _____ Model _____

12 Is it financed? Yes No If so, Total due: \$ _____

13 Monthly Payment: \$ _____

14 7. Do you have a bank account? Yes No X (Do not include account numbers.)

15 Name(s) and address(es) of bank: _____
 16 _____

17 Present balance(s): \$ _____

18 Do you own any cash? Yes No X Amount: \$ Not At All

19 Do you have any other assets? (If "yes," provide a description of each asset and its estimated
 20 market value.) Yes No No

21 8. What are your monthly expenses?

22 Rent: \$ N/A Utilities: N/A

23 Food: \$ N/A Clothing: N/A

24 Charge Accounts:

Name of Account	Monthly Payment	Total Owed on This Acct.
<u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
<u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
<u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>

1 9. Do you have any other debts? (List current obligations, indicating amounts and to
2 whom they are payable. Do not include account numbers.)

3 UNAWARE

4

5 10. Does the complaint which you are seeking to file raise claims that have been presented
6 in other lawsuits? Yes No X

7 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in
8 which they were filed.

9 N/A

10

11 I consent to prison officials withdrawing from my trust account and paying to the court
12 the initial partial filing fee and all installment payments required by the court.

13 I declare under the penalty of perjury that the foregoing is true and correct and
14 understand that a false statement herein may result in the dismissal of my claims.

15 JAN. 27, 2008

16 DATE

Mr. Robert J. Taylor

17 SIGNATURE OF APPLICANT

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1
2 Case Number: _____
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8 **CERTIFICATE OF FUNDS**

9 **IN**

10 **PRISONER'S ACCOUNT**

11
12 I certify that attached hereto is a true and correct copy of the prisoner's trust account
13 statement showing transactions of Robert L. Taylor [prisoner name] for the last six months
14 Salinas Valley State Prison [name of institution] where (s)he is confined.

15 I further certify that the average deposits each month to this prisoner's account for the
16 most recent 6-month period were \$ _____ and the average balance in the prisoner's
17 account each month for the most recent 6-month period was \$ _____.

18
19 Dated: _____ [Authorized officer of the institution]
20

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CALIFORNIA DEPARTMENT OF CORRECTIONS
 SALINAS VALLEY STATE PRISON
 INMATE TRUST ACCOUNTING SYSTEM
 INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: SEP. 01, 2007 THRU JAN. 10, 2008

ACCOUNT NUMBER : K29436 BED/CELL NUMBER: FDB3T1000000126L
 ACCOUNT NAME : TAYLOR, ROBERT LEE ACCOUNT TYPE: I
 PRIVILEGE GROUP: A

TRUST ACCOUNT ACTIVITY

TRAN	DATE	CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
	09/01/2007		BEGINNING BALANCE					29.40
	09/24	FC02	DRAW-FAC 2	0880 CTC			29.40	0.00
	10/11	D300	CASH DEPOSIT	1037 6953		20.00		20.00
	11/07	FRO1	CANTEEN RETUR	701273			2.10-	22.10
	12/17	FC04	DRAW-FAC 4	1594 D3			22.10	0.00

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HALDS BALANCE	TRANSACTIONS TO BE POSTED
29.40	20.00	49.40	0.00	0.00	0.00

CURRENT
 AVAILABLE
 BALANCE

0.00

STATE OF CALIFORNIA
GA-22 (9/92)

INMATE REQUEST FOR INTERVIEW

DEPARTMENT OF CORRECTIONS

DATE 1/31/08	TO Trust Account Office	FROM (LAST NAME) Taylor	CDC NUMBER K-29436
HOUSING D-3	BED NUMBER 1266	WORK ASSIGNMENT /	JOB NUMBER FROM / TO /
OTHER ASSIGNMENT (SCHOOL, THERAPY, ETC.) EOP		/ TO /	

Clearly state your reason for requesting this interview.

You will be called in for interview in the near future if the matter cannot be handled by correspondence

This is the third time I have written, I AM IN NEED OF A
complete printout of my account activity for the last three
previous months. Your help in this matter would be appreciated.

Do NOT write below this line. If more space is required write on back.

INTERVIEWED BY See Attached	DATE
DISPOSITION	